PATE	ÊNT API	_	ON FEE D			ION RECO	RD		403	179)ocket Nur 173/9 02	nber	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS .			19	• •				RATE	FEE	7	RATE.	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B/	ISIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		1 .			X43=	43	OR	X86=		
AULTIPLE D	EPENDE	VT CLAIM P	RESENT				T,	145=		OR	+290=		
If the differ	rence in c	olumn 1 is	less than zero, enter "0" in column 2			column 2		OTAL	428	OR	TOTAL		
	CLA	IMS AS A	MENDE	- PAR	T II				4	_	OTHER	THAN	
_,	(C	Column 1)		(Colum		(Column 3)	· _ s	MALL	ENTITY	OR	SMALL		
Total independ		CLAMS EMAINING AFTER IENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	• 6	22	Minus	-20)	.2	7	26	50	OR	X\$18=		
Independ		4	Minus				7	100	:	ОR	SEU		
FIRST P	RESENTA	TION OF MI	ULTIPLE DE	PENDENT	CLAIM	لبلات	Γ.	145=		OR	+290=		
			•		•		_	TOTAL	50	OR	TOTAL ADDIT FEE		
1.13.6	05 rc	olumn 1)		(Colum	n 21	(Column 3)	AUU	HT. FEE			ADUST. PEET		
	FRE	CLAIMS EMAINING AFTER ENDMENT		HIGHI NUME PREVIO PAID F	EST JER USĻY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independ	• /	19.	Minus		99 ·	.	×	\$ 9=	: /	OR	X\$18=	2.	
Independ		4	Minus	4	4	•	Ix	43=	'/	OR	X86= ·		
		TON OF ML	RTIPLE DEF	ENDENT	CLAIM			40	1.		. 222		
1,12,1	4,19					•		45= 101AL	/	OR	+290= TOTAL	• •	
								n FEE	/	OR ,	COT FEE		
13		Olumn 1) SLAMS		(Colum		(Column 3)	-						
	RE	MAINING AFTER ENDMENT		PREVIOUS PAID F	ER . USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<u></u>			Minus	**			X	9=		OR	X\$18=		
Total			Minus	-			1	13=			X86=		
independe							2 X-						
independ			LTIPLE DEP	ENDENT	CLAIM			+3=		OR	7003		
Independe	RESENTAT	ION OF MU	LTIPLE DEP	2 2 meta 1	OF 10 001	20, enter 20.	+1	45=		OR OR	+290=		

FORM PTO-875 (Rev. 10/03)